		nation to identify your case:					
Debto	or 1	Lashundia Denise Re	ed				
D 1.		Full Name (First, Middle, Last)					
Debto		Evil Nome (Einst Middle Leat)					
(Spou	se, if filing)	Full Name (First, Middle, Last)	SOUTHERN DISTRICT OF				
Unite	d States Ba	nkruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI		s an amended plan, and		
Conn		25 04065		have been cha	sections of the plan that		
	number:	25-01065			ngeu.		
(If kno	wn)			3.5			
Cha	pter 13 I	Plan and Motions for	Valuation and Lien Avoidance		12/17		
Part 1	Notice	S					
To De	btors:	indicate that the option is	s that may be appropriate in some cases, but the prappropriate in your circumstances or that it is perules and judicial rulings may not be confirmable. or in this plan.	rmissible in your judici	al district. Plans that		
		In the following notice to c	reditors, you must check each box that applies				
To Cr	editors:	Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.					
		You should read this plan of an attorney, you may wish	carefully and discuss it with your attorney if you have to consult one.	one in this bankruptcy c	ase. If you do not have		
		to confirmation on or bef	reatment of your claim or any provision of this pla ore the objection deadline announced in Part 9 of t Bankruptcy Court may confirm this plan without Rule 3015.	he Notice of Chapter 1	3 Bankruptcy Case		
		The plan does not allow cla	nims. Creditors must file a proof of claim to be paid un	nder any plan that may b	e confirmed.		
		plan includes each of the	be of particular importance. Debtors must check on following items. If an item is checked as "Not Incluve if set out later in the plan.				
1.1			claim, set out in Section 3.2, which may result in t all to the secured creditor	☐ Included	✓ Not Included		
1.2		•	possessory, nonpurchase-money security interest,	☐ Included	✓ Not Included		
1.3	_	in Section 3.4. Idard provisions, set out in	Part 8.	✓ Included	Not Included		
Part 2	Plan P	ayments and Length of Plan	1				
		·					
2.1	Length	of Plan.					
fewer		nths of payments are specifie	_ months, not to be less than 36 months or less than 6d, additional monthly payments will be made to the expression of t				
•	•						
2.2	Debtor	(s) will make payments to the	ne trustee as follows:				
			semi-monthly, weekly, or bi-weekly) to the dissued to the debtor's employer at the following address		s otherwise ordered by		
		USDA FSIS					
	-	258 Marquette Ave					
		Minneapolis MN 55401-0	000				

Debtor		Lashundia Denise Reed	Case number 25-01065			
		ll pay (monthly, semi-monthly, weekly directing payment shall be issued to the joint debtor's er	r, or Di-weekly) to the chapter 13 trustee. Unless otherwise ordered by the imployer at the following address:			
2.3	Incom	ne tax returns/refunds.				
	Check √	all that apply Debtor(s) will retain any exempt income tax refunds	received during the plan term.			
		Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.				
		Debtor(s) will treat income refunds as follows:				
	_	payments.				
Chec	ck one. ✓	None. If "None" is checked, the rest of § 2.4 need no	ot be completed or reproduced.			
Part 3:	Trea	tment of Secured Claims				
3.1	Mortg	gages. (Except mortgages to be crammed down under	r 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.).			
√ Inser	None	all that apply. 2. If "None" is checked, the rest of § 3.1 need not be cononal claims as needed.	mpleted or reproduced.			
3.2	Motio	n for valuation of security, payment of fully secured	claims, and modification of undersecured claims. Check one			
	✓	None. If "None" is checked, the rest of § 3.2 need no	ot be completed or reproduced.			
3.3	Secured claims excluded from 11 U.S.C. § 506.					
	Check one. None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.					
3.4	Motio	n to avoid lien pursuant to 11 U.S.C. § 522.				
Check or	ne.	None. If "None" is checked, the rest of § 3.4 need no	ot be completed or reproduced.			
3.5	Surrender of collateral.					
	Check one. None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced. The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.					
		Name of Creditor	Collateral			
		e Financia	Household Goods			
***United Credit			Household Goods			

Insert additional claims as needed.

Debtor	Lashundia Denise Reed		Case number	25-01065		
Part 4:	Treatment of Fees and Priority Clai	ms				
4.1	General Trustee's fees and all allowed priority without postpetition interest.	claims, including domestic supp	ort obligations other than	n those treated in § 4.5, will be paid in full		
4.2	Trustee's fees Trustee's fees are governed by statute a	and may change during the cour	se of the case.			
4.3	Attorney's fees.					
	✓ No look fee:					
	Total attorney fee charged:	\$4,000.00				
	Attorney fee previously paid:	\$272.00				
	Attorney fee to be paid in plan per confirmation order:	\$3,728.00				
	☐ Hourly fee: \$ (Subject to app	roval of Fee Application.)				
4.4	Priority claims other than attorney's	fees and those treated in § 4.5	5.			
	Check one. None. If "None" is checked, Internal Revenue Service Mississippi Dept. of Revenue Other		· · · · · · · · · · · · · · · · · · ·			
4.5	Domestic support obligations.					
	None. If "None" is checked,	the rest of § 4.5 need not be con	ipleted or reproduced.			
Part 5:	Treatment of Nonpriority Unsecure Nonpriority unsecured claims not se					
↓	Allowed nonpriority unsecured claims providing the largest payment will be earned the sum of \$\frac{100.00}{\text{The funds remaining after disbursem}}\$	ffective. <i>Check all that apply</i> . f these claims, an estimated pay	ment of \$ 44,803.75	more than one option is checked, the option		
	If the estate of the debtor(s) were liquid Regardless of the options checked ab					
5.2	Other separately classified nonpriority unsecured claims (special claimants). Check one.					
	None. If "None" is checked,	he rest of § 5.3 need not be com	npleted or reproduced.			
Part 6:	Executory Contracts and Unexpired	Leases				
6.1	The executory contracts and unexpir contracts and unexpired leases are re		med and will be treated	l as specified. All other executory		
	✓ Assumed items. Current instance		sed either by the trustee	or directly by the debtor(s), as specified		

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Deb	otor <u>Las</u>	hundia Denise Reed		Case number	25-01065	
	in	cludes only payments disbursed	d by the trustee rather than by the	debtor(s).		
Name of creditor		Description of leased property or executory contract	Current installment payment	Amount of arre	_	Treatment of arrearage
		2017 Chevy Malibu				
Po	rtfolio	lease	\$529.00		\$0.00	direct by debtor
			Disbursed by: ☐ Trustee ☑ Debtor(s)			
Inse	rt additional cont	racts or leases as needed.				
Par	7: Vesting of	Property of the Estate				
7.1	Property o	f the estate will vest in the del	otor(s) upon entry of discharge.			
Par	t 8: Nonstanda	ard Plan Provisions				
8.1		one" or List Nonstandard Plan one. If "None" is checked, the	n Provisions rest of Part 8 need not be complet	ed or reproduced.		
			sions must be set forth below. A no provisions set out elsewhere in th			on not otherwise included in
			y if there is a check in the box " d by the IRS and/or MS Dept.			ursuant to the claim.
Par	t 9: Signature	S:				
9.1	U	of Debtor(s) and Debtor(s)' A	•			
		torney for the Debtor(s), if any, it telephone number.	must sign below. If the Debtor(s)	do not have an atto	rney, the Deb	tor(s) must provide their
X	/s/ Lashundia		X			
	Lashundia De		Signature	of Debtor 2		_
	Signature of De	btor 1				
	Executed on	May 19, 2025	Executed	on		_
	305 Mead St					_
	Address	074 0000	Address			
	City, State, and		City, State, an	d Zip Code		-
	Telephone Num	aber	Telephone Nu	mber		-
Y	/s/ Thomas C	Rollins .lr	Date May 1	9 2025		
X		ollins, Jr. 103469	Date May 1	3, 2023		_
	Signature of At	torney for Debtor(s)				
	P.O. Box 1370					
	Jackson, MS Address, City, S	State, and Zip Code				
	601-500-5533		103469 MS			_
	Telephone Num		MS Bar Numb	er		
	Email Address	ollinsfirm.com				